

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585309

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		0					52						
3		0					53						
4		0					54						
5		0					55						
6		0					56						
7		0					57						
8		0					58						
9			1				59						
10					1		60						
11					1		61						
12					1		62						
13					1		63						
14					1		64						
15			1				65						
16					1		66						
17					1		67						
18					1		68						
19					1		69						
20			1				70						
21					1		71						
22					1		72						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	11	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			14				TOTAL CLAIMS						